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Comments on Career Management Plan

In an effort to make any realistic comments on this plan, three basic assumptions must be made. These assumptions may or may not reflect the over-all plans for the future of the Medical Office, from the standpoint of responsibilities to the Agency, personnel and policy:

1. It is assumed that certain personnel currently assigned to the [REDACTED] will find sufficient incentive and motivation to continue their work with the Agency on a career basis. Certain personnel assigned to other activities in the Medical Office may desire to continue in a similar career capacity.

2. It is assumed that the duties and responsibilities of the Medical Office will over a number of years at least equal its present duties so that suitable personnel will be attracted to a life's work as Government employees. Medical officers, administrative officers, technicians, secretaries, nurses and file clerks should have presented to them the possibilities available to them in such an organization. These possibilities should be in keeping with their previous training, experience and capabilities as well as their future potentialities and professional desires.

a. It is recognized that the duties of the Medical Office will reflect a demand on the part of the Agency which in turn reflects a need for its existence on the part of the nation and in keeping with what is called for want of a better term, "the world situation."

b. The current situation in Korea increased the responsibilities of the Medical Office with a net result that medical officers and technicians were recruited to duties many of which had not been included in their previous training. This effort has been aided by the availability of draft eligible physicians. Without such availability, two problems are apparent:

1) A Career Program to rival a non-government career will be of paramount importance.

2) The duties and professional responsibilities of the medical officer must be developed to conform with his professional training and background.

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3. It is assumed that clinical facilities which are a part of this organization will be available for training and career guidance of medical officers, administrators and technicians. Non CIA facilities may be employed for such purposes to great advantage but the culmination of this effort must be realized, for this group of personnel in one of the following fields:

a. Clinical Medicine

- 1) Surgery (including orthopedic surgery)
- 2) Medicine (including Tropical Medicine)
- 3) Psychiatry
- 4) Anesthesia

b. Medical Administration

- 1) Hospital Administration
- 2) Headquarters Medical Administration
- 3) Field Unit Medical Administration

c. Medical Intelligence

- 1) Field production of raw medical intelligence
- 2) Headquarters evaluation of medical intelligence

d. Operational Medicine

On the premise of this assumption of organized clinical facilities, sections A and B will reach fruition, sections C and D can be achieved with only slight modification of the organization's present facilities.

Medical personnel in the capacity of technicians and nurses will require a similar area for professional maturation and may be reflected in the following hypothetical scheme:

- a. Chief, Headquarters Technical Services Technician
- b. Headquarters Technical Services Technician
- c. Chief, Base Hospital Technical Services Technician
- d. Base Hospital Technical Services Technician
- e. Chief, Field Technical Services Technician
- f. Field Technical Services Technician
- g. Chief, Equipment and Maintenance Technician
- h. Equipment and Maintenance Technician
- i. Chief, Headquarters Pharmacist
- j. Headquarters Pharmacist
- k. Chief Base Hospital Technician
- l. Base Hospital Technician
- m. Junior Administrative Technician
- n. Senior Administrative Technician

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- c. Assistant Administrative Officer
- p. Administrative Officer

Thirteen through sixteen would receive all their training in the Headquarters area and then be ready to move into the proposed scheme under section B of Item 3. It is not the feeling that the precluding positions from # 1 through # 12 should represent a hierarchy of development, but rather diversified avenues of employment.

In the future planning of the Career Program for nurses it must be kept in mind that, even with the existence of base hospital facilities either stateside or overseas, there will not be any need for a large staff of nurses. Almost all duties overseas can be managed adequately and efficiently by technicians.

However the following scheme is submitted even though the possibilities of any future implementation is rather remote:

- a. Staff Nurse Headquarters
- b. Head Nurse Headquarters
- c. Staff Nurse Base Hospital
- d. Head Nurse Base Hospital

There appears to be few if any avenues of development of the nursing staff beyond those already listed unless additional training in such fields as physiotherapy, dietetics, preventive medicine, nursing, etc. is developed.

4. In view of the fact that the final objectives of the Medical Office have not as yet developed it is recommended that some pattern of implementation of this program be phased with the immediate, near future and far future requirements of the office. This pattern must be flexible enough to be molded to those requirements and satisfy the following requirements:

- a. Present and anticipated needs of office as far as the individual or individuals are covered.
- b. Responsibility of the office to the individual who is embarking on a career program.
- c. Responsibilities of the individual in a career program to the office in view of the fact that a considerable expense will be entailed in a training program. Some mutual agreement must be made between the Agency and the individual via a long-term contract or some other instrument which will insure the most efficient implementation and continuity of the program.

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In approximately one year most of the [redacted] officers and technicians will be returning from overseas some of whom may consider the possibilities of a career program with the Agency. Dividing these into their two respective groups as follows:

A. Medical Officers

These men have already begun their formal post-graduate training in non-government hospitals, and it would be to the future advantage of the Agency if they were encouraged and permitted to pursue these efforts providing it was a realistic pursuit.

The continuance of training of these individuals must conform to the objectives listed in assumption 3, including general surgery, general medicine, psychiatry, anesthesia, medical administration, medical intelligence and operational medicine.

These men will have served two years overseas and can be returned to Washington Headquarters for training and further assignment as depicted in the following scheme. (See diagram, page 5)

B. Medical Technicians

These men have had former training with the Army, Navy or training as medical technicians in CIA or non-government schools. Here again the continuance of their training must conform to Agency needs. After their present two-year tour of duty overseas, they may be returned to the United States and handled in the following manner. (See diagram, page 6)

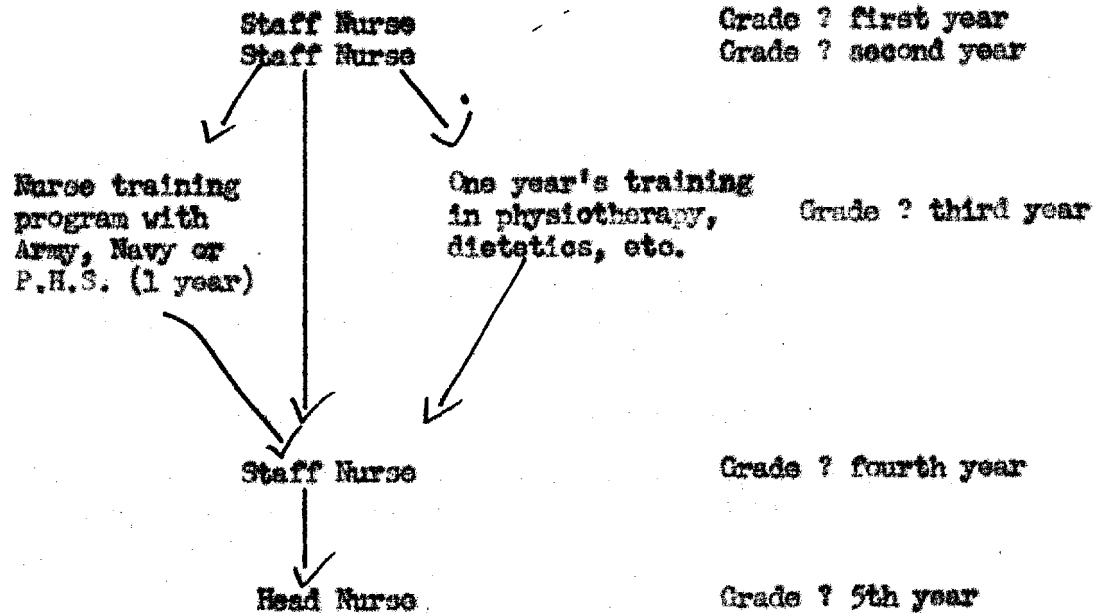
Medical administrative officers can be drawn from two major sources:

- 1) Those medical technicians who by virtue of their training or career planning wish to leave the technical fields for administrative work.
- 2) Career administrators who elect this field initially.

A scheme of this program can be seen on Page 7 and also page 6.

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The career program for nurses might follow the following pattern:



It is realized that the latter program lacks imagination and any suggestions as to how the nursing career program can be developed will be gratefully received.

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